

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.	10/721204	FILING DATE
APPLICANT(S)		

3/3/05

CLAIMS

ITEM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		ITEM	ITEM		ITEM		ITEM	ITEM	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51					61		
2	/						52					62		
3	/						53					63		
4	/						54					64		
5	/						55					65		
6	—						56					66		
7	—						57					67		
8	/						58					68		
9	—						59					69		
10	/						60					70		
11	/						61					71		
12	/						62					72		
13	—						63					73		
14	—						64					74		
15	/						65					75		
16	/						66					76		
17	/						67					77		
18	—						68					78		
19	—						69					79		
20							70					80		
21							71					81		
22							72					82		
23							73					83		
24							74					84		
25							75					85		
26							76					86		
27							77					87		
28							78					88		
29							79					89		
30							80					90		
31							81					91		
32							82					92		
33							83					93		
34							84					94		
35							85					95		
36							86					96		
37							87					97		
38							88					98		
39							89					99		
40							90					100		
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/													
TOTAL DEP.	13	↔												
TOTAL CLAIMS	14	██████████												